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**APPLICANTS**

JOHN E. HOLLAND, BAILEY, NC;  
DAVID V. CUNNINGHAM, ROCKY MOUNT, NC;  
CONNIE W. HOLLAND, BAILEY, NC;

**\*\* CONTINUING DATA \*\*\*\*\***

NONE *ch*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE *ch*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 02/20/1998**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 2	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>ch</i>				
Verified and Acknowledged	<i>John M. ch</i> Examiner's Signature Initials				

**ADDRESS**

RHODES COATS BENNETT, L.L.P.  
P O BOX 2974  
GREENSBORO , NC 27402

**TITLE**

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FILING FEE RECEIVED 545	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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